

Appendix 18c ▪ Client's Medications Including: Nonprescription Medications, Vitamins, and Minerals

| Client's Last Name | | | First Name | | MI | MSSP # |
|--|------------|--------|-------------------|--------|--------------------------------------|--------|
| | | | | | | |
| Date | Medication | Dosage | # / Freq Taken | Doctor | Covered By Medicare? Yes or No | |
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| MSSP Staff | | | | | Date | |
| (Optional) Sent for Review to Doctor(s) | | | | | Date | |